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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> (Only for new nonprovisional applications under 37 C.F.R. §1.53(b))		<b>Attorney Docket No.</b> 706656US1	
		<b>First Inventor or Application Identifier</b> John M Price, Michael P. Lindberg	
		<b>Title</b> Freeze-Resistant Positive Crankcase Ventilation Valve	
		<b>Express Mail Label No.</b> EV 026312181 US as deposited on: 8/21/03	
<b>APPLICATION ELEMENTS</b> See MPEP Chapter 600 concerning utility patent application contents.		<b>ADDRESS TO:</b> MS Patent Application Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450	

1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)  2. <input checked="" type="checkbox"/> Specification [Total Pages <u>9</u> ] (preferred arrangement set forth below) -Descriptive title of the invention -Cross References to Related Applications -Statement Regarding Fed Sponsored R&D -Reference to Microfiche Appendix -Background of the invention -Brief Summary of the invention -Brief Description of the Drawings (if filed) -Detailed Description -Claims(s) -Abstract of the Disclosure  3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>1</u> ]  4. Oath or Declaration [Total Pages <u>3</u> ] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63 (d)) (for continuation/divisional with Box 16 completed)  i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u>  Signed statement attached deleting inventor(s) Named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33 (b).	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)  6. Nucleotide and/or Amino Acid Sequence Submission (If applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies
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ACCOMPANYING APPLICATION PARTS	
7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))  8. <input type="checkbox"/> 37 C.F.R. § 3.37(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney  9. <input type="checkbox"/> English Translation Document (if applicable)  10. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations  11. <input type="checkbox"/> Preliminary Amendment  12. <input checked="" type="checkbox"/> Return Receipt Postcard MPEP 503)  13. <input type="checkbox"/> Statement (s) <input type="checkbox"/> Statement filed in prior (PTO/SB/09-12) application, Status still proper and desired  14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)  15. <input type="checkbox"/> Other:	

**\*NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).**

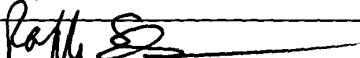
16. If a **CONTINUING APPLICATION**, Check appropriate box, and supply the requisite information below and in a preliminary amendment:  
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. \_\_\_\_\_  
 Prior application information: Examiner \_\_\_\_\_  
**FOR CONTINUATION OR DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**17. CORRESPONDENCE ADDRESS**

☐ Customer Number or Bar Code Label **24938** or ☒ Correspondence address below  
 (Insert Customer No. or Attach bar code label here)

Name	Ralph E Smith				
	DaimlerChrysler Intellectual Capital Corporation				
Address	CIMS 483-02-19				
	800 Chrysler Drive				
City	Auburn Hills	State	Michigan	Zip Code	48326-2757
Country	United States	Telephone	(248) 944-6519	Fax	(248) 944-6537

 03915 U.S. PTO  
 10/646210  
 08/21/03

Name (Print or Type)	Ralph E Smith	Registration No.	35,474
Signature		Date	8/21/03

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, D.C. 20231.

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**FEE TRANSMITTAL****For FY 2001**

Patent fees are subject to annual revision.  
Small Entity payments must be supported by a small entity statement,  
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

**TOTAL AMOUNT OF PAYMENT (\$)** 750**Complete if Known**

Application Number	
Filing Date	
First Named Inventor	John M Price
Examiner Name	
Group / Art Unit	
Attorney Docket No.	706656US1

**METHOD OF PAYMENT (check one)**

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 03-1800  
Deposit Account Name DaimlerChrysler Intellectual Capital Corporation

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

2. ☐ Payment Enclosed:  
☐ Check ☐ Money Order ☐ Other

**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description	Fee Paid
1001	2001	750	375	Utility filing fee	750
1002	2002	330	165	Design filing fee	
1003	2003	520	260	Plant filing fee	
1004	2004	750	375	Reissue filing fee	
1005	2005	160	80	Provisional filing fee	
<b>SUBTOTAL (1)</b>					750

**2. EXTRA CLAIM FEES**

Total Claims	Extra Claim	Fee from below	Fee Paid
5	-20** = 0	0	0
Independent Claims	1 - 3** = 0	0	0
Multiple Dependent	0	0	0

\*\*or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description
1202	2202	18	9	Claims in excess of 20
1201	2201	84	42	Independent claims in excess of 3
1203	2203	280	140	Multiple dependent claim, if not paid
1204	2204	84	42	** Reissue independent claims over original patent
1205	2205	18	9	** Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2)</b> (\$ 0)				

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge-late filing fee or oath	
127	50	227	25	Surcharge-late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for examination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	390	216	195	Extension for reply within second month	
117	890	217	445	Extension for reply within third month	
118	1,390	218	695	Extension for reply within fourth month	
128	1,890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	180	126	180	Submission of Information Discl. Stmt.	
581	40	581	40	Recording of each patent assignment per property (times number of properties)	
146	710	246	355	Filing a submission after final rejection (37 CFR 1.129(a))	
149	710	249	355	For each additional invention to be examined (34 CFR 1.129(b))	
Other fee (specify) _____					
Other fee (specify) _____					
* Reduced by Basic Filing Fee Paid					
<b>SUBTOTAL (3)</b>					(\$ 0)

**SUBMITTED BY**

Typed or Printed Name Ralph E Smith

Signature

Ralph E Smith

Date

8/21/03**Complete (if applicable)**Reg. Number 35,474

Deposit Account User ID